

## APPLICATION DATA SHEET

### Application Information

Application Number::	Not yet assigned
Filing Date::	Herewith
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Title::	Delivering Material to a Patient
Attorney Docket Number::	BSC-176DV
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	2a
Total Drawing Sheets::	8
Small Entity?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	USA
Status::	Full Capacity
Given Name::	John
Middle Name::	A.
Family Name::	Griego
City of Residence::	Blackstone
State or Province of Residence::	MA
Country of Residence::	USA
Street of Mailing Address::	46 Roberta Road
City of Mailing Address::	Blackstone
State or Province of Mailing Address::	MA
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	01504

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Marcia  
Family Name:: Buiser  
City of Residence:: Brighton  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 94 Nottinghamhill Road  
City of Mailing Address:: Brighton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02135

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Carla  
Middle Name:: M.  
Family Name:: Wiese  
City of Residence:: Newton  
State or Province of Residence:: MA  
Country of Residence:: USA  
Street of Mailing Address:: 172 Park Street  
City of Mailing Address:: Newton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02458

**Correspondence Information**

Correspondence Customer Number:: 021323

**Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Divisional of	09/928,779	08/13/01

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

**Assignee Information**

Assignee Name:: Scimed Life Systems, Inc.  
City of Mailing Address:: Maple Grove  
State or Province of Mailing Address:: Minnesota  
Country of Mailing Address:: USA